

Commonwealth of Virginia  
Department of Medical  
Assistance Services

External Quality Review



**Medallion II**

**Annual Report CY 2005**

# Medallion II Annual Report

## Medallion II Overview

Managed care was first introduced to Virginia residents enrolled in Medicaid when the Commonwealth was granted a 1915(b) waiver from the Centers for Medicare and Medicaid Services (CMS) in 1991. This initial managed care program, called Medallion, was operated as a primary care case management model and was expanded to include the entire state in 1995. In 1996, Medallion II, a full-risk mandatory Medicaid managed care program, was developed to supplement the Commonwealth's previous initiatives to expand the use of managed care for the delivery of health care to Medicaid recipients. The intent of the program is to improve access to care, promote disease prevention, ensure quality care, and reduce Medicaid expenditures. Eligible Medicaid recipients enroll in a participating Managed Care Organization (MCO) of their choice and select a Primary Care Physician (PCP) to oversee their medical care. The MCO is responsible for developing and operating a provider network, negotiating fees with providers, and operating a system that provides utilization and quality oversight of the health services delivered to its enrollees. Of the four Medicaid programs operated through the Commonwealth of Virginia, Medallion II comprises the largest segment of Medicaid enrollees. In fact, enrollment in Medallion II has grown by almost 17% from 2003 to 2004 and has increased nearly 29% since 2002.

During 2005, the following Medallion II MCOs were providing health care services to approximately 413,252 Commonwealth of Virginia Medicaid recipients:

- Anthem Blue Cross/Blue Shield (formerly Trigon and includes three MCO product lines),
- CareNet (operated by Southern Health Services Inc.),
- Optima Family Care (operated by Optima Health),
- UniCare Health Plan of Virginia\* (operated by Wellpoint), and,
- Virginia Premier Health Plan (operated by Virginia Commonwealth University Health Care System), and
- AMERIGROUP.

\*UniCare was acquired by Anthem effective January 1, 2006 and therefore it is not included in the CY 2005 review.

## Introduction and Purpose

The Virginia Department of Medical Assistance Services (DMAS) is charged with the responsibility of evaluating the quality of care provided to recipients enrolled in contracted Medallion II managed care plans. To ensure that the care provided meets acceptable standards for quality, access, and timeliness, DMAS has

contracted with the Delmarva Foundation for Medical Care, Inc. (Delmarva) to serve as the External Quality Review Organization (EQRO).

Following federal requirements for an annual assessment, as set forth in the Balanced Budget Act of 1997 (BBA) and federal EQRO regulations, Delmarva has conducted a comprehensive review of the Medallion II Managed Care Organizations (MCOs) to assess the plan's performance relative to the quality of care, timeliness of services, and accessibility of services.

For purposes of assessment, Delmarva has adopted the following definitions:

- **Quality**, stated in the federal regulations as it pertains to external quality review, is “the degree to which an MCO or PIHP increases the likelihood of desired health outcomes of its recipients through its structural and operational characteristics and through the provision of health services that are consistent with current professional knowledge” (“Final Rule: External Quality Review,” 2003).
- **Access** (or accessibility), as defined by the National Committee for Quality Assurance (NCQA), is the “timeliness in which an organization member can obtain available services. The organization must be able to ensure accessibility of routine and regular care and urgent and after-hours care” (“Standards and Guidelines,” 2003).
- **Timeliness**, as it relates to utilization management decisions, is defined by NCQA as when “the organization makes utilization decisions in a timely manner to accommodate the clinical urgency of the situation. The intent is that organizations make utilization decisions in a timely manner to minimize any disruption in the provision of health care” (“Standards and Guidelines,” 2003). An additional definition of timeliness given in the National Health Care Quality Report “refers to obtaining needed care and minimizing unnecessary delays in getting that care” (“Envisioning the National Health Care,” 2001).

This annual report provides an evaluation of data sources reviewed by Delmarva as the EQRO to assess the progress that Medallion II managed care plans have made in fulfilling the goals of DMAS. This annual report is a mandated activity in the Medallion II contract and the BBA External Quality Review regulations.

Although Delmarva's task is to assess how well the Medallion II MCOs perform in the areas of quality, access, and timeliness from performance improvement projects (PIPs), the operational systems performance review and (Health Plan Employer Data Set (HEDIS®)<sup>1</sup> measures, it is important to note the interdependence of quality, access, and timeliness. Therefore, a measure or attribute identified under one of the categories of quality, access, or timeliness also may be noted under either of the two other areas.

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<sup>1</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). UniCare was acquired by Anthem effective 01/01/2006 and therefore HEDIS results were not required from this MCO for the CY 2005 review.

Quality, access, and timeliness of care are expectations for all persons enrolled in the Medallion II managed care program. Ascertaining whether health plans have met the intent of the BBA and state requirements is a major goal of this report.

## Data Sources

Delmarva has used the following three data sources to evaluate Medallion II MCOs performance:

- Summaries of plan-conducted Performance Improvement Projects (PIPs).
- Operational systems review to consist of a onsite review conducted by Delmarva as the EQRO to reassess deficient elements from the previous year's desk review for compliance with contract requirements and state regulations. In addition, results from last year's desk review will be evaluated for a complete assessment of the Medallion II MCOs.
- HEDIS measures.

## Methodology

Delmarva performed an external independent review of all data from the above-listed sources. The EQRO has assessed quality, access, and timeliness across the three data disciplines. After discussion of this integrated review, Delmarva will provide an assessment to DMAS regarding how well the Medallion II MCOs are providing quality care and services to its members.

Since its introduction in 1993, HEDIS has become the gold standard in managed care performance measurement. Conceived as a way to streamline measurement efforts and promote accountability in managed care, HEDIS measures are now used by approximately 90% of all managed care organizations to evaluate performance in areas ranging from preventive care and consumer experience to care of heart disease and cancer. This set of standardized performance measures is designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care organizations. The National Committee for Quality Assurance (NCQA) maintains and directs the HEDIS program. DMAS is tasked with designing and implementing methods to continuously measure the quality of care delivered by the participating managed care plans. Current quality activities include requirements for plans to submit performance measures. The set of performance measures includes the use of the nationally recognized HEDIS measures.

AMERIGROUP began operations as a Medallion II MCO in September 2005. Because the operations start date was late in the year under review, AMERIGROUP would not have had adequate member information or

time to implement a PIP for 2005. In addition, its members would not have met the continuous enrollment criteria for the HEDIS measures reported for the time period covered for the annual report.

The BBA requires that performance measures be validated in a manner consistent with the External Quality Review protocol *Validating Performance Measures*. Audits are to be conducted as prescribed by NCQA's *HEDIS 2005, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures* and is consistent with the validation method required by the EQRO protocols. Each Medallion II MCO uses NCQA protocols, including the Data Submission Tool (DST) to capture and compute its HEDIS results. The HEDIS data in this report have been taken directly from the Data Submission Tool (DST) completed by each MCO, but were not audited by Delmarva. This report contains data results of common HEDIS measures, each of which is calculated by all Medallion II managed care plans<sup>2</sup>.

During the HEDIS 2006 reporting year, Medallion II MCOs collected data from calendar year 2005 related to the following clinical indicators as an assessment of quality, access, and timeliness:

- Childhood Immunization Status
- Adolescent Immunization Status
- Breast Cancer Screening
- Prenatal and Postpartum Care
- Well-Child Visits in the First 15 Months of Life
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life
- Adolescent Well-Care Visit

PIPs also are used to assess the health plan's focus on quality, access, and timeliness of care and services. Although the PIPs address clinical issues, barrier analysis often leads to issues of access or timeliness as major contributing factors that affect the attainment of the clinical quality goals. During 2004, each MCO implemented two PIPs, aimed at addressing clinical issues pertinent to the health plan's population. Delmarva reviewed the health plan's PIPs, assessed compliance with DMAS contractual requirements, and validated the activity for interventions as well as evidence of improvement. The baseline year for PIPs was 2004 and therefore evidence of improvement was not assessed in the last review, but will be assessed for the 2005 review. AMERIGROUP only began operations as a Medallion II MCO in September 2005. Therefore, The MCO would not have enough data to develop and implement a PIP for the CY 2005 review period.

Table 1 reflects an overall summary of PIPs conducted by the Medallion II MCOs.

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<sup>2</sup>The NCQA *HEDIS Compliance Audit™* is a trademark of NCQA.



Table 1. VA MCO PIP Topic Summary\*

MCO	Performance Improvement Project
Anthem	<ul style="list-style-type: none"> <li>Improving the Use of Appropriate Medications for People with Asthma</li> <li>Improving Adolescent Immunization Rate</li> </ul>
CareNet	<ul style="list-style-type: none"> <li>Increasing the Number of Members with Asthma to Receive Care According to Guidelines</li> <li>Increasing Adolescent Immunization Rates- Medicaid</li> </ul>
Optima	<ul style="list-style-type: none"> <li>Improving Overall Treatment and Utilization Patterns for the Sentara Health Management Asthma Population</li> <li>Improving Treatment and Utilization Patterns for the Sentara Health Management Diabetes Population</li> </ul>
Virginia Premier	<ul style="list-style-type: none"> <li>Quality Control in Asthma Management</li> <li>Monitoring and Controlling the Management of Members Who Use Two or More Atypical Antipsychotics</li> </ul>

\*AMERIGROUP began operations as a Medallion II MCO in September 2005. Because the operations start date was late in the year under review, AMERIGROUP would not have had adequate member information or time to implement a PIP for 2005. UniCare was acquired by Anthem effective January 1, 2006 and therefore it is not included in the CY 2005 review.

The Operational Systems Review for each MCO covered activities performed during the time frame of January 1, 2005 through December 31, 2005 and included an evaluation of all standards. The review incorporated regulations set forth under the final rule of the BBA that became effective on August 13, 2002. The BBA is the comprehensive revision to federal statutes governing all aspects of Medicaid managed care programs as set forth in Section 1932 of the Social Security Act and Title 42 of the *Code of Federal Regulations* (CFR), part 438 *et seq.* In support of these regulations and health plan contractual requirements, Delmarva evaluated and then assessed compliance for the following systems:

- Enrollee Rights and Protections—Subpart C Regulation
- Quality Assessment and Performance Improvement—Subpart D Regulation
  - Access Standards
  - Structure and Operation Standards
  - Measurement and Improvement Standards
- Grievance Systems—Subpart F Regulation

It is expected that each health plan will use the review findings and recommendations for operational systems improvement to become fully compliant with all standards and requirements.

## Quality at a Glance

Ensuring quality of care for Medicaid managed care recipients is a key objective of the Medallion II program. Various indicators exist that serve as direct and proximate measures of the quality of care and services provided

to Medallion II recipients. Along with access and timeliness, these indicators are essential components of a quality-driven system of care, which is vital for the success of the Medallion II program. Data obtained from clinical studies performed by Delmarva as well as through other avenues of data support the delivery of quality health care to the Medallion II population. The findings related to quality are reported in the following sections.

## HEDIS

Three HEDIS measures submitted by the Medallion II MCOs served as proxy measures for clinical quality:

- Childhood Immunizations (Combination 2)<sup>3</sup>
- Adolescent Immunizations (Combination 2)<sup>4</sup>
- Breast Cancer Screening<sup>5</sup>

Table 2 provides the HEDIS measure results for the Medallion II MCOs, the Medallion II weighted average and the HEDIS 2005 National Medicaid average for those measures pertaining to quality. The Medallion II Average used in the tables throughout this report is a weighted average. To determine the weighted average, each MCO's rate contributes to the weighted average in the same proportion as the Medicaid population it serves. For example, if an MCO serves 15% of the eligible population, then it contributes 15% to the weighted average.

**Table 2. Measures of Quality –Childhood Immunization Status, Adolescent Immunization Status, and Breast cancer Screening Rates. \***

Measure	Anthem 2005	CareNet 2005	Optima 2005	VA Premier 2005	Medallion II Weighted Average 2005	HEDIS 2005 National Medicaid Average
Childhood Immunization Status Combination 2	69.8%	67.7%	70.5%	63.7%	68.1%	62.9%
Adolescent Immunization Status Combination 2	33.9%	26.1%	40.4%	27.7%	34.5%	38.4%
Breast Cancer Screening	50.9%	44.5%	58.6%	47.6%	52.6%	54.0%

<sup>3</sup> Childhood Immunization Status (Combo. 2) measures the percentage of enrolled children who turned two years old during the measurement year and were continuously enrolled for 12 months immediately preceding their second birthday and who have received various immunizations (DTP/DTaP, OPV/IPV, MMR, HiB, HepB, and VZV) as specified by HEDIS on or before their 2<sup>nd</sup> birthday.

<sup>4</sup> Adolescent Immunization Status (Combo. 2) measures the percentage of enrolled adolescents whose 13<sup>th</sup> birthday was in the measurement year, who were continuously enrolled for 12 months preceding their 13<sup>th</sup> birthday, and who received a second dose of MMR, 3 doses of HepB, and the VZV vaccine as specified by HEDIS on or before their 13<sup>th</sup> birthday.

<sup>5</sup> Breast Cancer Screening measures the percentage of women age 52 through 69 years, who were continuously enrolled during the measurement year and the year prior to the measurement year, and who had a mammogram during the measurement year or the year prior to the measurement year.

\* AMERIGROUP began operations as a Medallion II MCO in September 2005. Because the operations start date was late in the year under review, members would not have met the continuous enrollment criteria for the HEDIS measures reported for the time period covered for the annual report. UniCare was purchased by Anthem January 1, 2006 and therefore its results are not included in the CY 2005 review. Data in this table was submitted by the MCO's, but was not validated by Delmarva.

Rates for the Childhood Immunization Status, Combination 2 measure ranged from 63.7% to 70.5%. Optima scored above all other MCOs for the Childhood Immunization Status measure with a rate of 70.5%. VA Premier scored the lowest with a rate of 63.7%. All Medallion II MCOs exceeded the Medicaid HEDIS 2005 National Average of 62.9%. The Medallion II weighted average for this measure was 68.1%. Both Anthem and Optima exceeded this average.

The Medallion II weighted average for CY 2005 also exceeded the NCQA Medicaid HEDIS 2005 average.

Rates for the Adolescent Immunization Status, Combination 2 measure ranged from a low of 26.1% for CareNet to a high of 40.4% for Optima. One Medallion II MCO, Optima, exceeded Medicaid HEDIS 2005 National Average of 38.4% with a rate of 40.4%. The Medallion II weighted average for this measure was 34.5% with only Optima, exceeding this average.

The Breast Cancer Screening measure rates ranged from a low of 44.5% for CareNet to 58.6% for Optima. One Medallion II MCO, Optima, exceeded the Medicaid HEDIS 2005 National Average of 54%. The Medallion II weighted average for this measure was 52.6%, with two of the four MCOs exceeding this average; Anthem with a rate of 50.9% and Optima with a rate of 58.6%.

HEDIS data for the Childhood Immunization Status, Adolescent Immunization Status, and Breast Cancer Screening measures were available for 2004 and 2005. Therefore, it was possible to trend the data for these two years. The results of this trending analysis is included below.

Table 3 provides the HEDIS measure results for the Medallion II MCOs pertaining to quality for 2004 and 2005.



**Table 3. Measures of Quality –Childhood Immunization Status, Adolescent Immunization Status, and Breast Cancer Screening Rates 2004-2005\*<sup>6</sup>**

Measure	Anthem 2004	Anthem 2005	CareNet 2004	CareNet 2005	Optima 2004	Optima 2005	VA Premier 2004	VA Premier 2005
Childhood Immunization Status Combination 2	60.9%	69.8%	53.3%	67.7%	56.3%	70.5%	53.6%	63.7%
Adolescent Immunization Status Combination 2	33.2%	33.9%	20.4%	26.1%	31.4%	40.4%	1.7%	27.7%
Breast Cancer Screening	52.9%	50.9%	46.4%	44.5%	59.0%	58.6%	44.0%	47.6%

\* The data in this table for 2004 was validated by Delmarva. In 2005, the data was submitted by the MCO's, but was not validated by Delmarva.

For Anthem, the Childhood Immunization Status and Adolescent Immunization status measures increased from 2004 to 2005. The Breast Cancer Screening measure decreased in the same period.

For CareNet, the Childhood and Adolescent Immunization Status measures both increased from 2004 to 2005. However, the Breast Cancer Screening measure decreased from 46.4% to 44.5% in the same period.

For Optima, the Childhood Immunization Status and Adolescent Immunization Status measures increased from 2004 to 2005. The Breast Cancer Screening measure decreased slightly in this period from 59.0% in 2004 to 58.6% in 2005.

For VA Premier an increase was realized for all three measures used to assess quality.

In summary, the Childhood Immunization Status and Adolescent Immunization Status measures realized an increase for all four Medallion II MCOs from 2004 to 2005. In regards to the Breast Cancer Screening measure, all MCOs, except for VA Premier realized a decrease in this measure. It is noteworthy that VA Premier realized an increase in all quality related measures from 2004 to 2005.

Table 4 provides the Medallion II weighted average and HEDIS National Medicaid averages for the measures pertaining to quality for 2004 and 2005.

<sup>6</sup> AMERIGROUP began operations as a Medallion II MCO in September 2005. Because the operations start date was late in the year under review, members would not have met the continuous enrollment criteria for the HEDIS measures reported for the time period covered for the annual report. UniCare was purchased by Anthem January 1, 2006 and therefore its results are not included in the CY 2005 review.

**Table 4. Measures of Quality – Childhood Immunization Status, Adolescent Immunization Status, and Breast Cancer Screening – Medallion II Weighted Average and HEDIS National Medicaid Average 2004-2005.**

Measure	Medallion II Weighted Average CY 2004	Medallion II Weighted Average CY 2005	HEDIS 2004 National Medicaid Average	HEDIS 2005 National Medicaid Average
Childhood Immunization Status Combination 2	56.3%	68.1%	58.4%	62.9%
Adolescent Immunization Status Combination 2	23.4%	34.5%	33.8%	38.4%
Breast Cancer Screening	51.4%	52.6%	55.8%	54.0%

The Medallion II weighted average increased from 2004 to 2005 for all three measures used to assess quality from 2004 to 2005. The overall results of the HEDIS measures used to assess quality indicate that the Medallion II and HEDIS National Medicaid averages for the Childhood Immunization Status and Adolescent Immunization Status increased from 2004 to 2005. The HEDIS National Medicaid average decreased for the Breast Cancer Screening measure in this same time period.

The Medallion II weighted average for the Breast Cancer Screening rate increased from 2004 to 2005 while the HEDIS National Medicaid Average decreased for this same indicator. These rates remain relatively close for 2005 with a rate of 52.6% for the Medallion II weighted average and 54.0% for the HEDIS National Medicaid Average for 2005.

### Performance Improvement Projects

The Medallion II MCOs used the quality process of Performance Improvement Projects (PIPs) to identify a problem relevant to their health plan population. The PIP process also required setting a measurement goal, obtaining a baseline measurement, and performing targeted interventions aimed at improving the performance. After the remeasurement periods, qualitative analyses often identified new barriers that affect success in achieving the targeted goal. Thus, quality improvement is an ever-evolving process focused on improving outcomes and health status. (AMERIGROUP was not required to develop and implement a PIP for 2005 since its operational start date was in September 2005. UniCare was acquired by Anthem effective January 1, 2006 and therefore was not required to submit a PIP as part of the CY 2005 review.)

As in the 2004 review, all MCOs conducted a PIP targeting their population receiving treatment for asthma in 2005. This is an MCO system-wide initiative (enrollee, provider, and administrative) that presents potential barriers to improved enrollee health outcomes. Each MCO chose study indicators and data collection procedures that were based upon HEDIS measures and specifications.

A focus on asthma by each of the MCOs addresses an important opportunity for improvement in the member population based on review of Medicaid HMO plan-specific and national data. Asthma ranked in the top diagnoses for MCO inpatient admissions, emergency department visits, and outpatient office visits.

Table 5 provides a summary of data results for Asthma PIPs conducted by Medallion II MCOs.

**Table 5. Asthma PIP Performance Results\***

PIP Activity	Indicator	Baseline	
<b>Anthem</b>		<b>2004</b>	<b>2005</b>
Improving the Use of Appropriate Medications for People with Asthma	<b>Quantifiable Measure #1:</b> Percent of members who had at least one dispensed prescription for inhaled corticosteroids, nedocromil, cromolyn sodium, leukotriene modifiers, or methylxanthines in the measurement year.	68.5%	95.1%
<b>CareNet</b>		<b>2004</b>	<b>2005</b>
Increasing the Number of Members With Asthma to Receive Care According to the Guidelines	<b>Quantifiable Measure #1:</b> Percent of eligible asthma members who had an influenza vaccination in the measurement year.	31.3%	18.4%
	<b>Quantifiable Measure #2:</b> Percent of eligible asthma members who had an acute hospital admission in the measurement year.	11.4%	9.7%
	<b>Quantifiable Measure #3:</b> Percent of eligible asthma members who had an acute ER visit in the measurement year.	33.1%	39.0%
<b>Optima</b>		<b>2004</b>	<b>2005</b>
Improving Overall Treatment and Utilization Patterns for the Sentara Health Management Asthma Population	<b>Quantifiable Measure #1:</b> Percent of continuously enrolled Medicaid HMO enrollees with an inpatient admissions for a primary diagnosis of asthma (ICD9 493.0-493.92)	4.1%	4.0%
	<b>Quantifiable Measure #2:</b> Percent of continuously enrolled Medicaid HMO enrollees with an emergency department visit for a primary diagnosis of asthma (ICD9 493.0-493.92)	20.7%	20.7%
	<b>Quantifiable Measure #3:</b> Percent of continuously enrolled members with asthma in the prior year that received an appropriate prescription in the reporting year.	67.7%	86.9%
<b>VA Premier</b>		<b>2004</b>	<b>2005</b>
Quality Control in Asthma Management	<b>Quantifiable Measure #1:</b> One or more prescriptions for cromolyn sodium, aerosol corticosteroid and leukotriene modifiers for members with Persistent asthma	70.6%	88.4%
	<b>Quantifiable Measure #2:</b> Rate of Hospital Admissions for members with Persistent Asthma	6.4%	+
	<b>Quantifiable Measure #3:</b> Rate of Emergency Department (ED) Visits for members with Persistent Asthma	32.4%	+

\*Data for this table was provided by the MCO and was not validated by Delmarva.

+Data for CY 2005 not available at the time of this review.

An understanding of the quality improvement process, as it relates to PIPs was evidenced by all MCOs. In 2004, each MCO realized improvement in its asthma indicators, but this did not continue with the 2005 remeasurement where data were provided.

For Anthem, the asthma indicator increased from 68.5% to 95.1% from 2004 to 2005. Additional interventions were implemented in 2005 which included a member newsletter article and a telephone call to members with asthma to inform them of the need for regular doctor visits, following asthma treatment plans, avoiding triggers, and the importance of compliance with medications.

CareNet's PIP includes the three indicators in Table 5 above. CareNet experienced a decrease from 31.3% in 2004 to 18.4% in 2005 for the influenza vaccination measure. The second measure, members with asthma who had an acute hospital admission experienced a favorable decrease in the rate from 11.4% in 2004 to 9.7% in 2005. The final measure, members with asthma who had an acute ER visit increased from 33.1% in 2004 to 39% in 2005, which is not a positive change in the indicator. Interventions implemented included enrolling members in Asthma Case Management, providing a home environment assessment, providing education through the Community Outreach Team, sending introductory information to newly identified members with asthma, and sending annual provider mailings with a list of their non-compliant members along with a description of CareNet's services.

Optima used the three project indicators noted in Table 5. The rate of members who had an inpatient admission for asthma remained relatively constant from 2004 to 2005 at 4.1% and 4.0%, respectively. The members with asthma that had an emergency room visit remained constant at 20.7% from 2004 to 2005. The rate of members with asthma who received an appropriate prescription for asthma increased slightly from the baseline rate of 67.7% in 2004 to 68.7% in 2005. Interventions implemented in 2005 included hiring an additional full time case manager, and implementing an electronic reporting tool for better tracking of its members.

VA Premier's asthma PIP includes the three indicators in Table 5 above. VA Premier achieved an improvement in the appropriate medication for asthma (one or more prescriptions for cromolyn sodium, aerosol corticosteroid and leukotriene modifiers for members with persistent asthma) indicator. This indicator increased from the baseline rate of 70.6% to 88.4% in 2005. Data for the remaining two indicators was not available at the time of this review. Interventions implemented in 2005 included re-engineering the Asthma Disease Program, creating a Chronic Disease Department and Program, contracting with a biostatistician to provide statistical support for quality studies, and implementation of a Quality of Life study.

Each MCO was found to be in compliance with the DMAS contractual requirement for implementation of a second PIP during 2004. Since 2004 was considered a baseline year for submission of the second PIP improvement was not assessed in the last annual review.

In 2004, Anthem and CareNet implemented a second PIP related to improving its adolescent immunization rate. Optima implemented a second PIP directed to improving MCO-specific aspects of treatment in the diabetes population. The study design and methodology for these PIP submissions met requirements. VA Premier implemented a second PIP that targeted the monitoring and controlling the management of members

who use two or more atypical antipsychotics. This PIP did not meet all requirements of a performance improvement activity.

### Operational Systems Review Findings

The operational systems review reflects the performance of the Medallion II MCOs through assessment of a total of 148 elements, summarized below in the following section.

Improvement was seen by each Medallion II MCO in all areas when comparing the previous year's performance with 2005 results. Table 6 reflects the overall results from the operational systems review findings. This is the first review for AMERIGROUP which began operations as a Medallion II MCO in September 2005.

**Table 6. Overall Results of the Operational Systems Review by Element 2005\***

MCO Name	Review Determination			
	Met	Partially Met	Unmet	Not Applicable
AMERIGROUP	143	2	2	1
Anthem	146	2	0	0
CareNet	146	2	0	0
Optima	147	0	1	0
VA Premier	141	6	1	0
<b>TOTALS</b>	<b>723</b>	<b>12</b>	<b>4</b>	<b>1</b>

\*UniCare was purchased by Anthem January 1, 2006 and therefore its results are not included in the CY 2005 review.

The overall results of the Operational Systems Review were favorable. A total of 148 elements were reviewed for each MCO across the domains of Enrollee Rights, Quality Assessment and Performance Improvement, and Grievance Systems. Across all MCOs, 723 elements were met, 12 were partially met, four (4) were unmet and only one was not applicable.

Within the operational systems review component of the quality review, these 148 elements are separated within the domains of Enrollee Rights (ER), Quality Assessment and Performance Improvement (QAPI), and Grievances Systems (GS) standards. There are seven (7) Enrollee Rights Standards (that include 49 elements), 29 Quality Assessment and Performance Improvement Standards (that include 61 elements), and 11 Grievance Standards (that include 38 elements) for a total of 47 standards and 148 elements for each MCO. These specific standards include elements that address quality. The overall review results by domain are summarized in Table 7.

Table 7. Overall Operational Systems Review Results by Standard\*

MCO Name	Enrollee Rights	Quality Assessment and Performance Improvement	Grievance Systems
	Met/Partially Met/Unmet	Met/Partially Met/Unmet	Met/Partially Met/Unmet
AMERIGROUP	4/3/0	29/0/0	10/1/0
Anthem	7/0/0	28/1/0	10/1/0
CareNet	7/0/0	27/2/0	11/0/0
Optima	7/0/0	28/0/1	11/0/0
VA Premier	5/2/0	27/2/0	9/2/0
<b>Totals</b>	<b>30/5/0</b>	<b>139/5/1</b>	<b>51/4/0</b>

\*UniCare was purchased by Anthem January 1, 2006 and therefore its results are not included in the CY 2005 review.

The standards that pertain to quality and were used to assess the Medallion II MCOs performance in the area of quality are listed below.

#### Enrollee Rights and Protections—Subpart C Regulations

- ER.1. Enrollee Rights and Protections-Staff/Provider
- ER.6. Advanced Directives

#### Quality Assessment and Performance Improvement—Subpart D Regulations

- QA3. 438.206 Availability of Services (b) (3)
- QA5. 438.206 (c) (2) Cultural Considerations
- QA6. 438.208 Coordination and Continuity of Care
- QA11. 438.210 (b) Coverage and Authorization of Services—Processing of Requests
- QA15. 438.214 (b) Provider Selection—Credentialing and Recredentialing Requirements
- QA16. 438. 214 (c) Provider Selection—Nondiscrimination
- QA17. 438.12 (a,b) Provider Discrimination Prohibited
- QA18. 438.214 (d) Provider Selection—Excluded Providers
- QA19. 438.56 (b) Provider Enrollment and Disenrollment—Requested by MCO
- QA20. 438.56 (c) Provider Enrollment and Disenrollment—Requested by Enrollee
- QA21. 438.228 Grievance Systems
- QA22. 438.230 Subcontractual Relationships and Delegation
- QA23. 438.236 (a,b) Practice Guidelines
- QA24. 438.236 (c) Dissemination of Practice Guidelines
- QA25. 438.236 (d) Application of Practice Guidelines
- QA26. 438.240 Quality Assessment and Performance Improvement Program
- QA27. 438.240 (b) (2) Basic Elements of Quality Assessment and Performance Improvement (QAPI) Program—Under/Over Utilization of Services



- QA28. 438.240 (b) (3) Basic Elements of QAPI Program—Special Health Care Needs
- QA29. 438.242 Health/Management Information Systems

**Grievance Systems—Subpart F Regulations**

- GS1. 438.402 (a,b) Grievance System
- GS2. 438.402 (3) Filing Requirements—Procedures
- GS3. 438.404 Notice of Action
- GS4. 438.404 (b) Content of Notice of Action
- GS5. 438.416 Record-Keeping and Reporting Requirements
- GS6. 438.406 Handling of Grievances and Appeals—Special Requirements for Appeals

The following section provides a detailed assessment of the Medallion II MCO's performance in calendar year 2005 as it relates to the operational systems review findings for quality. This year's on-site review included an assessment of all elements and standards, whereas last year, the review focused only on those elements found to be deficient from the previous year.

Specific MCO results evidenced that all MCOs performed well in the area of quality. All five MCOs fully met the requirements for the following standards related to quality:

**Enrollee Rights and Protections- Subpart C Regulations**

- Advanced Directives
- Availability of Services

**Quality Assessment and Performance Improvement—Subpart D Regulations**

- Cultural Considerations
- Coordination and Continuity of Care
- Coverage and Authorization of Services—Processing of Requests
- Provider Selection—Credentialing and Recredentialing Requirements
- Provider Discrimination Prohibited
- Provider Selection—Excluded Providers
- Provider Enrollment and Disenrollment—Requested by MCO
- Provider Enrollment and Disenrollment—Requested by Enrollee
- Subcontractual Relationships and Delegation
- Practice Guidelines
- Dissemination of Practice Guidelines
- Application of Practice Guidelines
- Quality Assessment and Performance Improvement Program

- Basic Elements of Quality Assessment and Performance Improvement (QAPI) Program—Under/Over Utilization of Services
- Basic Elements of QAPI Program—Special Health Care Needs
- Health/Management Information Systems

#### **Grievance Systems—Subpart F Regulations**

- Grievance System Policies and Procedures
- Filing Requirements—Procedures
- Notice of Action

The remaining standards that address quality were met are listed below with a brief description of the issue(s) identified and the number of MCOs that did not fully meet the standard.

#### **Enrollee Rights and Protections**

- Enrollee Rights and Protections-one MCO did not have procedures in place to notify members that they are not liable for payment in case of MCO insolvency.

#### **Quality Assessment and Performance Improvement—Subpart D Regulations**

- Provider Selection—Nondiscrimination- One MCO did not have written procedures regarding the non-discrimination against particular providers that serve high-risk populations or specialize in conditions that requires costly treatment.
- Grievance Systems- One MCO's time frames for providing notice were not in accordance with contract requirements.

#### **Grievance Systems—Subpart F Regulations**

- Content of Notice of Action- Two MCOs' notices of action did not include all of the required information for members.
- Record Keeping and Reporting Requirements- One MCO did not maintain an adequate record keeping and tracking system for inquiries, grievances, and appeals.
- Special Requirements for Appeals- Two MCOs did not meet the full requirements of the standard. One MCO did not provide enrollees with opportunity to present evidence and allegation of the fact or law in person as well as in writing, and one MCO did not provide for the legal representation of a deceased member to examine the case file.

#### **Summary of Quality**

The Medallion II MCOs demonstrate a quality-focused approach in administering care and services to members. The MCOs exhibit an integrated approach to working with members, practitioners, providers, and

internal health plan departments to improve overall health care quality and services. The MCOs also focus resources toward evaluating the interventions that provide the most benefit toward improvement needs. Opportunities for improvement are evident in the area of quality pertaining to HEDIS measures, specifically for the Adolescent Immunization and Breast Cancer Screening measures where only one of the MCOs met the National Medicaid HEDIS 2005 Average.

## Access at a Glance

Historically, access to care and services has been a challenge for Medicaid recipients enrolled in fee-for-service programs. Access is an essential component of a quality-driven system of care. The intent of the Medallion II program is to improve access to care. A goal of DMAS in securing approval of the 1915(b) Medicaid waiver application was to develop managed care delivery systems that would remove existing barriers for Medicaid recipients, thereby improving their overall health status, increasing their quality of life, and reducing costly health expenditures related to a fragmented system of care. The findings with regard to access are discussed in the following sections.

### HEDIS

The HEDIS performance measures are used to evaluate access and availability of care through the Prenatal and Postpartum Care results as compared with both the Medallion II and the NCQA Medicaid averages. Two rates are calculated for this measure:

- Timeliness of Prenatal Care<sup>7</sup>
- Postpartum Check-up Following Delivery<sup>8</sup>

Table 8 provides the HEDIS results for the Medallion II MCOs for these two measures pertaining to access.

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<sup>7</sup> Timeliness of Prenatal Care measures the percentage of women in the denominator who received a prenatal care visit in the first trimester or within 42 days of enrollment.

<sup>8</sup> Postpartum Check-up Following Delivery measures the percentage of women in the denominator who had a postpartum visit on or between 21 days and 56 days following delivery.

Table 8. Access Measures - Prenatal and Post Partum Care\*<sup>9</sup>

Measure	Anthem 2005	CareNet 2005	Optima 2005	VA Premier 2005	Medallion II Weighted Average CY 2005	HEDIS 2005 National Medicaid Average
Timeliness of Prenatal care	88.5%	85.2%	84.0%	80.5%	84.1%	78.3%
Postpartum care	64.2%	58.2%	59.3%	56.7%	59.9%	55.9%

\* The data in this table for 2004 was validated by Delmarva. In 2005, the data was submitted by the MCO's, but was not validated by Delmarva.

Rates for the Timeliness of Prenatal Care measure ranged from a low of 80.5% for VA Premier to a high of 88.5% for Anthem. All MCOs are above the Medicaid HEDIS 2005 National Average of 78.3%. The Medallion II weighted average for this measure was 84.1%. Anthem and CareNet exceeded this average with rates of 88.5% and 85.2%, respectively. Optima fell just short of the 84.1% Medallion II weighted average with a rate of 84.0%. The Medallion II weighted average is also above the NCQA Medicaid HEDIS 2005 Average. Rates for the Postpartum Care measure ranged from a low of 56.7% for VA Premier to a high of 64.2% for Anthem. All Medallion II MCOs exceeded the Medicaid HEDIS 2005 National Average of 55.9%. The Medallion II weighted average for this measure was 59.9%. Only Anthem exceeded this average with a rate of 64.2%. VA Premier was near the average with a rate of 59.3%. The Medallion II weighted average for CY 2005 is also above the NCQA Medicaid HEDIS 2005 average.

It appears that the timeliness of prenatal care and postpartum visit measures demonstrate that these are two areas of strength for the Medallion II MCOs. All MCOs exceeded the Medicaid HEDIS 2005 average, and the Medallion II weighted average was also above the Medicaid HEDIS 2005 average. These measures also demonstrated strength for the MCOs in the 2004 review. This is apparent in the trending analysis results below.

HEDIS data for the Timeliness of Prenatal Care and Postpartum care measures were available for 2004 and 2005. Therefore, it was possible to trend the data for these two years. The results of this trending analysis is included below.

Table 9 provides the HEDIS measure results for the Medallion II MCOs, the Medallion II weighted average and the HEDIS 2005 National Medicaid average for those measures pertaining to access.

<sup>9</sup> AMERIGROUP began operations as a Medallion II MCO in September 2005. Because the operations start date was late in the year under review, members would not have met the continuous enrollment criteria for the HEDIS measures reported for the time period covered for the annual report. UniCare was purchased by Anthem January 1, 2006 and therefore its results are not included in the CY 2005 review.

Table 9. Measures of Access –Timeliness of Prenatal Care and Postpartum Care 2004-2005.\*

Measure	Anthem 2004	Anthem 2005	CareNet 2004	CareNet 2005	Optima 2004	Optima 2005	VA PREMIER 2004	VA PREMIER 2005
Timeliness of Prenatal Care	88.5%	88.5%	91.1%	85.2%	82.7%	84.0%	78.8%	80.5%
Postpartum Care	63.3%	64.2%	58.5%	58.2%	59.7%	59.3%	53.9%	56.7%

\* The data in this table for 2004 was validated by Delmarva. In 2005, the data was submitted by the MCO's, but was not validated by Delmarva.

For Anthem, the Timeliness of Prenatal Care measure remained constant at 88.5% from 2004 to 2005. The Postpartum Care measure increased from 63.3% to 64.2% in this same period.

For CareNet, both the Timeliness of Prenatal Care and the Postpartum Care Measures decreased from 2004 to 2005. The Postpartum Care Measure decreased only slightly from 58.5% to 58.2%.

For Optima, the Timeliness of Prenatal Care measure increased from 82.7% to 84.0% from 2004 to 2005. The Postpartum Care measure decreased slightly from 59.7% to 59.3% in this same period.

For VA Premier, an increase was realized for both measures used to assess access.

In summary, the Timeliness of Prenatal Care Rate remained the same for one MCO (Anthem), decreased for one MCO (CareNet) and increased for the remaining two MCOs (VA Premier and Optima). The Postpartum Care measure increased for two MCOs (Anthem and VA Premier) and decreased slightly for CareNet and Optima. CareNet's rate decreased from 58.5% to 58.2% and Optima's rate decreased from 59.7% to 59.3%.

Table10 provides the Medallion II weighted average and the HEDIS 2005 National Medicaid average for those measures pertaining to access.

Table 10. Measures of Access –Timeliness of Prenatal Care and Postpartum Care 2004-2005.

Measure	Medallion II Weighted Average CY 2004	Medallion II Weighted Average CY 2005	HEDIS 2004 National Medicaid Average	HEDIS 2005 National Medicaid Average
Timeliness of Prenatal Care	82.8%	84.1%	76.0%	78.3%
Postpartum Care	57.8%	59.9%	55.2%	55.9%

The Medallion II weighted average for both the Timeliness of Prenatal Care and Postpartum measures increased from 2004 to 2005.

The HEDIS National Medicaid averages for the Timeliness of Prenatal Care and Postpartum Care measures also increased from 2004 to 2005.

The Medallion II weighted average for the Timeliness of Prenatal Care and the Postpartum Care measures both exceed the HEDIS National Medicaid Averages for 2004 and 2005.

### Performance Improvement Projects

The PIPs implemented by the Medallion II MCOs focused on improvement of clinical indicators. However, within the barrier analyses for each project, potential access barriers also were examined. The following section provides an MCO level specific summary of access issues identified by the Medallion II MCOs through implementation of the PIPs related to asthma.

The identification of access barriers was found in Anthem's PIP aimed at improving the use of appropriate medications for people with asthma. In the 2004 review it was noted that barriers were identified related to the member, caregiver, and physician lack of awareness about the Asthma Disease Management Program, which impacted member access to the program. Additional barriers were noted in the 2005 evaluation. These barriers included a lack of knowledge of the management of asthma, an inability to identify asthma triggers, and the lack of self-management/caregiver action including the long term control of asthma. Interventions were targeted to successfully improve access to the program. To address these issues educational activities were directed to members with asthma in 2005. These included member newsletter articles, reminder telephone calls informing of the need for regular doctor visits, to follow their treatment plans, to avoid triggers, and to comply with asthma medication regimens.

CareNet's PIP targeted increasing the number of members with asthma receiving care according to clinical guidelines. The PIP also identified access barriers related to both member and provider lack of awareness about benefits related to a chronic disease, such as asthma. In 2004, identification and outreach to non-



compliant members and targeted case management services for those identified as high-risk was implemented to improve health outcomes. In 2005, barriers identified included member and provider knowledge deficits and the need to improve the coordination of care. Interventions implemented included enrolling 137 CareNet members in Asthma Case Management, providing additional interventions for high-risk members (Respiratory Therapist Home environment assessment), providing education through the Community Outreach Team, sending introductory information to newly identified members with asthma, and sending annual provider mailings with a list of their non-compliant members along with a description of CareNet's services.

Optima's PIP aimed at improving overall treatment and utilization patterns for its asthma population. Access barriers were also identified, including both a member and provider lack of awareness of the benefit of consistent focus on asthma as a chronic disease. In 2004, interventions focused on both patient and provider education and effective communication strategies, as well as streamlining the referral process for providing case management services to high risk enrollees by contracting with a statewide agency to improve member outcomes. In 2005, additional barriers were identified. These included poor attendance at group educational sessions, continuing problems with accurate contact information, and an inability to contact all at-risk members with asthma. In response, Optima hired an additional full time case manager, and implemented an electronic reporting tool for better tracking of its members.

VA Premier's PIP aimed at quality control in the management of patients with asthma. The identified barriers included member, caregiver, and physician lack of awareness about the Asthma Disease Management Program, which affected member access to the program. Interventions were targeted to successfully improve access to the program. In 2004, interventions focused on both patient and provider education and effective communication strategies to improve member outcomes. In 2005, the major barrier identified was the lack of a comprehensive program to manage asthma. In response, VA Premier created and implemented a Chronic Disease Management Program and Department.

### **Operational Systems Review Findings**

In 2004, as part of a desk-review, Delmarva comprehensively reassessed elements from the previous year's review that previously were not fully met and found that the majority of all elements had improved to a met status. In 2005, Delmarva reassessed all elements and standards as part of the Operational Systems Review. Delmarva's Operational Systems Review of the Medallion II MCOs evaluated elements pertaining to access in the following required review categories. These elements pertain to this and last year's review to provide a complete evaluation of the Medallion II MCOs performance in the area of access. The following standards were used to assess the MCOs compliance with access standards.

### **Enrollee Rights and Protections—Subpart C Regulations**

- ER3. Information and Language Requirements (438.10)
- ER5. Emergency and Post-Stabilization Services (438.114, 422.113c)

- ER7. Rehabilitation Act, ADA

#### **Quality Assessment and Performance Improvement—Subpart D Regulations**

- QA1. 438.206 Availability of Services (b)
- QA2. 438.206 Availability of Services (b) (2)
- QA4. 438.206 Availability of Services (b) (4)
- QA7. 438.208 (c) 103 Additional Services for Enrollees with Special Health Care Needs
- QA8. 438.208 (c) (4) Direct Access to Specialists
- QA10. 438.208 (e) Primary Care and Coordination Program

The MCOs performed well in the area of information and language requirements, emergency and post-stabilization services, and the Rehabilitation Act requirements. The MCOs also performed well in the areas of availability of services, access to specialists, and primary care coordination. The majority of MCOs were found to have opportunities for improvement in the area of information and language requirements in 2004, but these were addressed by the MCOs in the 2005 review.

AMERIGROUP, Anthem, CareNet, and Optima fully met the requirements for all of the nine (9) standards related to access. VA Premier fully met the requirements for seven (7) of the nine (9) standards. This MCO received a partially met for the standards pertaining to Information and Language Requirements and Primary Care and Coordination Program. This MCO must modify its policies and Member Handbook to reflect that translation services are provided to members free of charge. In addition, VA Premier must ensure that it can demonstrate through documentation that there is continuity and coordination between medical and behavioral health care for co-existing conditions.

#### **Summary of Access**

Overall, access is an area of strength for the Medallion II MCOs and supports each of the health plan's intent as a quality-driven system of care. The prenatal and postpartum care HEDIS rates for all Medallion II MCOs exceeded the National HEDIS 2005 average. Both the Medallion II Weighted Average and the HEDIS National Medicaid Average rates increased from 2004 to 2005. The Medallion II weighted average for the Timeliness of Prenatal Care and the Postpartum Care measures both exceed the HEDIS National Medicaid Averages for 2004 and 2005. Access issues identified as a part of the PIPs were addressed through appropriate interventions. Four of the five MCO's fully met the requirements of all seven standards related to access. The remaining MCO achieved a fully met for 5 of the 7 standards with the remaining 2 being partially met.

## Timeliness at a Glance

Access to necessary health care and related services alone is insufficient in advancing the health status of Medallion II recipients. Equally important is the timely delivery of those services, which is an additional goal established by DMAS for the systems of care that serve Medallion II recipients. The findings related to timeliness are discussed in the sections that follow.

### HEDIS

Timeliness of care was investigated in the results of the following HEDIS measures, which the Medallion II MCOs (except AMERIGROUP) were required to submit:

- Well-Child Visits in the First 15 Months of Life<sup>10</sup>
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life<sup>11</sup>
- Adolescent Well-Care Visits<sup>12</sup>

Table 11 provides the HEDIS measure results for the Medallion II MCOs pertaining to timeliness.

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<sup>10</sup> Well-Child Visits in the First 15 Months of Life measures the percentage of enrolled members who turned 15 months old during the measurement year, who were continuously enrolled in the Plan from 31 days of age, and who received six or more well child visits with a primary care practitioner during their first 15 months of life.

<sup>11</sup> Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life measures the percentage of members who were three, four, five or, six years old during the measurement year, who were continuously enrolled during the measurement year, and who received one or more well-child visit(s) with a primary care practitioner during the measurement year.

<sup>12</sup> Adolescent Well-Care Visits measures the percentage of enrolled members who were age 12 through 21 years during the measurement year who were continuously enrolled during the measurement year and who had at least one comprehensive well-care visit with a primary care practitioner or an OB/GYN practitioner during the measurement year.

Table 11. Timeliness Measures- Well Child Visits and Adolescent Well Care\*<sup>13</sup>

Measure	Anthem 2005	CareNet 2005	Optima 2005	VA Premier 2005	Medallion II Weighted Average CY 2005	HEDIS 2005 Average
Well Child Visits in the First 15 Months of Life (6 or more visits)	41.9%	37.7%	47.3%	53.0%	47.3%	46.8%
Well Child Visit in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , and 6 <sup>th</sup> Year of Life	59.8%	60.0%	61.1%	57.7%	59.7%	61.9%
Adolescent Well Care	27.2%	29.3%	29.5%	32.4%	29.6%	40.3%

\*The data in this table for 2004 was validated by Delmarva. In 2005, the data was submitted by the MCO's, but was not validated by Delmarva.

Rates for the Well Child Visits in the First 15 Months of Life measure ranged from a low of 37.7% for CareNet to a high of 53.0% for Optima. Both Optima and VA Premier are above the Medicaid HEDIS 2005 average of 46.8%. The Medallion II weighted average for this measure was 47.3%, which exceeds the NCQA Medicaid HEDIS 2005 average. Optima's rate for this measure was equal to the Medallion II weighted average, while VA Premier exceeded this average with a rate of 53.0%

Rates for the Well Child Visit in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Year of Life measure ranged from a low of 57.7% for VA Premier to a high of 61.1% for Optima. None of the Medallion II MCOs met or exceeded the Medicaid HEDIS 2005 National Average of 61.9%, although Optima was close with a rate of 61.1%. The Medallion II weighted average for this measure was 59.7%, with all MCO's exceeding the average except for VA Premier with a rate of 57.7%.

The Adolescent Well Care measure ranged from a low of 27.2% for Anthem to a high of 32.4% for VA Premier. None of the Medallion II MCOs met the National Medicaid HEDIS 2005 Average of 40.3%. Only VA Premier exceeded the Medallion II weighted average with a rate of 32.4%.

HEDIS data for the Well Child Visits in the First 15 Months of Life, Well Child Visit in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Year of Life, and Adolescent Well Visits were available for 2004 and 2005. Therefore, it was possible to trend the data for these two years. The results of this trending analysis are included below.

<sup>13</sup> AMERIGROUP began operations as a Medallion II MCO in September 2005. Because the operations start date was late in the year under review, members would not have met the continuous enrollment criteria for the HEDIS measures reported for the time period covered for the annual report. UniCare was purchased by Anthem January 1, 2006 and therefore its results are not included in the CY 2005 review.

Table 12 provides the HEDIS measure results for the Medallion II MCOs, the Medallion II weighted average and the HEDIS 2005 National Medicaid average for those measures pertaining to timeliness.

**Table 12. Measures of Timeliness – Well Child Visits in the First 15 Months of Life, Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life, and Adolescent Well Care Visits 2004-2005.\***

Measure	Anthem 2004	Anthem 2005	CareNet 2004	CareNet 2005	Optima 2004	Optima 2005	VA PREMIER 2004	VA PREMIER 2005
Well Child Visits in the First 15 Months of Life (6 or more visits)	41.2%	41.9%	47.1%	37.7%	41.1%	47.3%	9.9%	53.0%
Well Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , and 6 <sup>th</sup> Years of Life	59.5%	59.8%	51.5%	60.0%	60.5%	61.1%	59.3%	57.7%
Adolescent Well Care Visits	27.1%	27.2%	24.0%	29.3%	27.9%	29.5%	45.2%	32.4%

\*The data in this table for 2004 was validated by Delmarva. In 2005, the data was submitted by the MCO's, but was not validated by Delmarva.

For Anthem and Optima, all measures realized an increase from 2004 to 2005.

For CareNet, Well Child Visits in the First 15 Months of Life measure decreased from 47.1% to 37.7% from 2004 to 2005. The Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> years of Life and the Adolescent Well Care Visits measure increased during this same period.

For VA Premier, an increase from 9.9% to 53.0% was realized for the Well Child Visits in the First 15 Months of Life measure from 2004 to 2005. Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> years of Life and the Adolescent Well Care Visits decreased during this same period.

In summary, Anthem and Optima realized an increase in all three measures used to assess timeliness. Anthem and Optima achieved an increase in all measures. For all measures, three MCOs achieved an increase in the measure while one MCO realized a decrease in the measure. CareNet realized a decrease in the Well Child Visits in the First 15 Months of Life measure and VA Premier realized a decrease in the Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life and the Adolescent Well Visits measures.

Table 13 provides the Medallion II weighted average and the HEDIS 2005 National Medicaid average for those measures pertaining to timeliness.

**Table 13. Measures of Timeliness – Well Child Visits in the First 15 Months of Life, Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life, and Adolescent Well Care Visits 2004-2005.**

Measure	Medallion II Weighted Average CY 2004	Medallion II Weighted Average CY 2005	HEDIS 2004 National Medicaid Average	HEDIS 2005 National Medicaid Average
Well Child Visits in the First 15 Months of Life (6 or more visits)	35.0%	47.3%	45.3%	46.8%
Well Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , and 6 <sup>th</sup> years of Life	59.7%	59.7%	60.5%	61.9%
Adolescent Well Care Visits	31.0%	29.6%	37.4%	40.3%

The Medallion II weighted average increased for the Well Child Visits in the First 15 Months of Life (6 or more visits) measure from 2004 to 2005. The Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> years of Life measure remained constant at 59.7%. The Adolescent Well Care Visits measure decreased from 31.0% to 29.6% in this same period.

The Medallion II weighted average for the Well Child Visits in the First 15 Months of Life exceeded the HEDIS 2005 National Medicaid Average but this was not the case in 2004. The Medallion II Weighted Average for the Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life and the Adolescent Well Care Visits measures are below the HEDIS National Medicaid Average for both 2004 and 2005.

### Performance Improvement Projects

In 2004, timeliness was a focal area of attention in the Medallion II MCO PIPs. Member-focused efforts consisted of member education about the key features of asthma management as a chronic disease. Provider-focused efforts aimed at establishing partnerships with the practitioner network to address education about asthma in the member population. Barriers related to timeliness issues focus on the lack of timely delivery of care or services due to missed opportunities. In 2005, many of the same barriers were encountered with new interventions developed and/or implemented to address these barriers. Interventions included implementing a Chronic Disease program and Department and/or adding additional case management staff. Further efforts included the mailing of medication reminders, conducting telephone reminder calls to inform members of the need for self-management/caregiver action plans, reminders of the need for regular doctor visits, and of the identification and avoidance of asthma triggers.



Issues related to timeliness of services may very likely be affected by access. The Medallion II MCO PIPs, aimed at improving important asthma performance measure, use HEDIS methodology and target services received (access) as well as on the time frame in which the services were provided (timeliness).

### **Operational Systems Review Findings**

Delmarva's operational systems review of the Medallion II MCOs assessed and documented elements pertaining to timeliness in the following review requirement categories. These elements pertain to the 2005 and last year's review to provide a complete evaluation of the Medallion II MCOs performance in the area of timeliness. Standards used to assess the Medallion II MCOs compliance with timeliness are included below. (UniCare was acquired by Anthem effective January 1, 2006 and therefore not included in the CY 2005 review.)

### **Enrollee Rights and Protections—Subpart C Regulations**

- ER2. Written Statement Upon Enrollment
- ER4. 42 C.F.R. 431, Subpart F, and the Code of Virginia, Title 2.1, Chapter 26, (Privacy and Protection Act of 1976) and the Health Insurance Portability and Accountability Act of 1996

### **Quality Assessment and Performance Improvement—Subpart D Regulations**

- QA9. 438.208 (d) (2) (ii-iii) Referrals and Treatment Plans
- QA11. 438.210 (b) Coverage and Authorization of Services—Processing of Requests
- QA12. 438.210 (c) Coverage and Authorization of Services—Notice of Adverse Action
- QA13. 438.210 (d) (1) Timeframe for Decisions—Standard Authorization of Decisions
- QA14. 438.210 (d) (2) Timeframe for Decisions—Expedited Authorization Decisions

### **Grievance Systems—Subpart F Regulations**

- GS7. 438.408 Resolution and Notification: Grievances and Appeals—Standard Resolution
- GS8. 438.408 Resolution and Notification: Grievances and Appeals—Expedited Resolution
- GS9. 438.408 (b-d) Resolution and Notification
- GS10. 438.408 (c) Requirements for State Fair Hearings
- GS11. 438.410 Expedited Resolution of Appeals, GS. 438.424 Effectuation of Reversed Appeal Resolutions

CareNet and Optima met the requirements for all of the standards related to timeliness listed above. All MCOs met the requirements for four (4) of the five (5) Quality Assessment and Performance Improvement Standards and five (5) Grievance System standards. These are listed below.

### **Quality Assessment and Performance Improvement—Subpart D Regulations**

- Coverage and Authorization of Services—Processing of Requests
- Coverage and Authorization of Services—Notice of Adverse Action

- Timeframe for Decisions—Standard Authorization of Decisions
- Timeframe for Decisions—Expedited Authorization Decisions

### **Grievance Systems—Subpart F Regulations**

- Resolution and Notification: Grievances and Appeals—Standard Resolution
- Resolution and Notification: Grievances and Appeals—Expedited Resolution
- Resolution and Notification
- Requirements for State Fair Hearings
- Expedited Resolution of Appeals, GS. 438.424 Effectuation of Reversed Appeal Resolutions

The standards that were not fully met by all five MCOs are described below with the number of MCOs not receiving a fully met determination and the reason(s) why.

### **Enrollee Rights and Protections—Subpart C Regulations**

- Written Statement Upon Enrollment- Two MCOs that received a partially met did not have procedures in place to provide information about physician incentive plans for those enrollees who request it.
- Health Insurance Portability and Accountability Act of 1996- One MCO received a partially met and must revise its procedures to state that disclosures to DMAS will occur within 30 days of request and in the format requested by the Department.

### **Quality Assessment and Performance Improvement—Subpart D Regulations**

- Referrals and Treatment Plans- Two MCOs received a partially met for this standard. It was recommended that both revise policies and procedures to include timeframes for completion of the treatment plans and include a mechanism to measure the timeliness of completion of treatment plans.

In general, nine of the 12 standards related to timeliness were fully met by all five MCOs. The remaining three standards received a partially met determination. This compliance demonstrates a strength for the provision of timeliness by the Medallion II MCOs.

### **Summary for Timeliness**

The Medallion II MCOs demonstrate an awareness of the importance of timeliness in the delivery of overall quality care and service through the identification of timeliness barriers, which often are identified as access issues. However, the majority of the MCOs do not meet the Medicaid National HEDIS 2005 average for the three measures reviewed. Two MCOs, Optima and VA Premier, are above the Medicaid HEDIS 2005 average for the Well Child Visits in the First 15 Months of Life measure. None of the Medallion II MCOs met or exceeded the Medicaid HEDIS 2005 National Average for the Well Child Visit in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Year of Life measure or the Adolescent Well Care measure. The Medallion II weighted average for the Well Child Visits in the First 15 Months of Life exceeded the HEDIS 2005 National Medicaid Average which was not the

case in 2004. The Medallion II Weighted Average for the Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life and the Adolescent Well Care Visits measures are below the HEDIS National Medicaid Average for both 2004 and 2005. Thus, there are opportunities for improvement in the measures used to assess timeliness. Through their PIPs, the MCOs have identified barriers related to timeliness which have been addressed through interventions. The operations systems review results demonstrate that the MCOs have policies, procedures, and systems in place to address the timeliness requirements.

## Overall Strengths of the Medallion II MCOs

### Quality:

- All Medallion II MCOs exceeded the Medicaid HEDIS 2005 National Average of 62.9% for the Childhood Immunization Status, Combination 2 measure.
- The MCOs that have implemented PIPs appear to understand the basic quality improvement project process as evidenced by clear documentation of projects.
- All MCOs performed well in the Quality Assessment and Performance Improvement (QAPI) portion of the operational systems review. Of the 29 QAPI standards, one MCO met all 29 standards, one MCO met 28 standards and the remaining three MCOs met 27 standards.
- All MCOs have a comprehensive quality improvement program with the appropriate monitoring and control systems in place.
- Coordination of Care systems are in place and operational.
- There are processes in place to provide oversight of delegated entities.
- Clinical and Preventive practice guidelines are in place and are utilized for projects and in making utilization management decisions.
- Over and under utilization of services are monitored.

### Access:

- All MCOs exceeded the Medicaid HEDIS 2005 average for the Timeliness of Prenatal Care and Post Partum Care measures.
- In the Operational Systems Review, the MCOs performed well in the area of Enrollee Rights related to information and language requirements, emergency and post-stabilization services, and the Rehabilitation Act requirements. The majority of MCOs were found to have opportunities for improvement in the area of information and language requirements in 2004, but these were addressed in 2005 by the MCOs.
- Access and availability requirements were fully met by all MCOs and include availability of services, access to specialists and primary care coordination.

**Timeliness:**

- In the last two reviews (2004 and 2005), timeliness was a focal area of attention in the Medallion II MCO PIPs. Member-focused efforts consisted of assuring that members were educated about the key features of asthma disease management. In 2005, new interventions were developed and/or implemented to address these barriers including implementing a Chronic Disease program and Department, adding additional case management staff, mailing of medication reminders, and telephone reminder calls to inform members of the need for self-management/caregiver action plans, the need for regular doctor visits and identification and avoidance of asthma triggers.
- All MCOs had the appropriate policies and procedures in place to address requirements related to coverage and authorization of services
- Notices of adverse action are mailed to members as required.
- Timeframes for decisions for standard authorizations and expedited authorizations are in accordance with contract and regulatory requirements.
- The resolution and notification procedures for standard and expedited grievances are in place as well as requirements for State fair hearings.

**Recommendations**

This section offers DMAS a set of recommendations to build upon identified strengths and to address the areas of opportunity within the Medallion II program. These recommendations draw from the findings of those data sources individually and in the aggregate. Delmarva's recommendations for the Medallion II program are as follows:

- Develop or revise policies and procedures of all elements found to be deficient and/or make appropriate improvements in order for the deficiencies to ensure MCOs are in compliance with regulatory requirements.
- Perform periodic monitoring within the areas identified in the operational systems review as deficient to make certain that the actions undertaken to correct the issues remain effective.
- Perform root cause analyses for project interventions that do not improve performance. This activity will enable the MCOs to better identify barriers to change and more effectively allocate resources to achieve systemic improvements.
- Consider developing Minimum Performance Levels (MPLs) to hold MCOs to a standard and to achieve improvements in HEDIS rates and PIPs.
- Perform further investigation into low-rated measures identified by HEDIS and consider developing mandatory PIPs and/or collaborative PIPs based on HEDIS results. Specific indicators that did not meet the National Medicaid HEDIS 2005 Average for the measure include:
  - Adolescent Immunization Status Combination 2 measure (One MCO exceeded the National Medicaid HEDIS 2005 Average)

- Breast Cancer Screening measure. (One MCO exceeded National Medicaid HEDIS 2005 Average)
- Well Child Visits in the First 15 Months of Life measure. (Two MCOs exceeded the National Medicaid HEDIS 2005 Average)
- Well Child Visit in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Year of Life measure. (None of the MCOs exceeded the National Medicaid HEDIS 2005 Average)
- Adolescent Well Care measure. (None of the MCOs exceeded the National Medicaid HEDIS 2005 Average)

## References

- Centers for Medicare and Medicaid Services. (2002, June). *Final rule: Medicaid managed care; 42 CFR part 400, et seq. Subpart D—Quality assessment and performance improvement*. Retrieved December 9, 2004, from <http://www.cms.hhs.gov/medicaid/managedcare/f4289.pdf>
- Centers for Medicare and Medicaid Services. (2003, January). *Final rule: External quality review of managed care organizations and prepaid inpatient health plans; 42 CFR part 438.300 et seq.* Retrieved November 1, 2004, from <http://www.cms.hhs.gov/medicaid/managedcare/eqr12403.pdf>
- Institute of Medicine, Committee on the National Quality Report on Health Care Delivery, Board on Health Care Services. (2001). *Envisioning the National Health Care Quality Report*. Retrieved February 24, 2005, from <http://www.nap.edu/html/envisioning/ch2.htm>
- National Committee for Quality Assurance. (2003). *Standards and guidelines for the accreditation of MCOs*.



## Medallion II Annual Report Addendum to Annual Aggregate Report 2006

### Introduction and Purpose

The Virginia Department of Medical Assistance Services (DMAS) is charged with the responsibility of evaluating the quality of care provided to recipients enrolled in contracted Medallion II managed care plans. To ensure that the care provided meets acceptable standards for quality, access, and timeliness, DMAS has contracted with the Delmarva Foundation for Medical Care, Inc. (Delmarva) to serve as the External Quality Review Organization (EQRO). One method of assessing the care and services provided by MCOs is to use Health Employed Data and Information Set (HEDIS ®) measures.

Health plan HEDIS results are typically audited by NCQA-licensed organizations. The BBA requires that performance measures be validated in a manner consistent with the External Quality Review protocol *Validating Performance Measures*. Each audit must be conducted as prescribed by NCQA's *HEDIS 2005, Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures* and is consistent with the validation method required by the EQRO protocols. NCQA protocols are used to capture and compute HEDIS results. This report contains data results of common HEDIS measures, each of which is calculated by all Medallion II managed care plans<sup>1</sup>. NCQA protocols are used to capture and compute HEDIS results. This report contains data results of common HEDIS measures, each of which is calculated by all Medallion II managed care plans.

For 2004, the HEDIS data in this report have been audited by MedStat through Delmarva. However, in 2005, the data were provided to Delmarva from the MCOs and were not validated by Delmarva.

During the HEDIS 2005 and 2006 reporting years, Medallion II MCOs collected data from calendar years 2004 and 2005 respectively related to the following clinical indicators as an assessment of quality, access, and timeliness:

- Childhood Immunization Status (quality)

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<sup>1</sup>The NCQA HEDIS Compliance Audit is a trademark of NCQA.

- Adolescent Immunization Status (quality)
- Breast Cancer Screening (quality)
- Prenatal and Postpartum Care (access)
- Well-Child Visits in the First 15 Months of Life (timeliness)
- Well-Child Visits in the Third, Fourth, Fifth, and Sixth Year of Life (timeliness)
- Adolescent Well-Care Visit (timeliness)

Now that two years of data are available for these measures, trending was possible. The purpose of this report is to provide a trending analysis of the HEDIS measures in the categories of quality, access, and timeliness. The Medallion II Average used in the tables below is a weighted average. To determine the weighted average, each MCO's rate contributes to the weighted average in the same proportion as the Medicaid population it serves. For example, if an MCO serves 15% of the eligible population then it contributes 15% to the weighted average.

## Quality

Table 1 provides the HEDIS measure results for Anthem pertaining to quality for 2004 and 2005.

**Table 1. Anthem Measures of Quality –Childhood Immunization Status, Adolescent Immunization Status, and Breast Cancer Screening Rates 2004-2005\***

Measure	Anthem 2004	Anthem 2005	Medallion II Weighted Average CY 2004	Medallion II Weighted Average CY 2005	HEDIS 2004 National Medicaid Average	HEDIS 2005 National Medicaid Average
Childhood Immunization Status Combination 2	60.9%	69.8%	56.3%	68.1%	58.4%	62.9%
Adolescent Immunization Status Combination 2	33.2%	33.9%	23.4%	34.5%	33.8%	38.4%
Breast Cancer Screening	52.9%	50.9%	51.4%	52.6%	55.8%	54.0%

\*The MCO data in this table for 2004 was validated by Delmarva. In 2005, the data was submitted by the MCO's, but was not validated by Delmarva.

For Anthem, the Childhood Immunization Status and Adolescent Immunization Status measures increased from 2004 to 2005. The Breast Cancer Screening measure decreased in this same period.

Anthem performed above the Medallion II and HEDIS National Medicaid Average in 2004 and 2005 for the Childhood Immunization Status measure. Anthem did not exceed the Medallion II and HEDIS National Averages for the Adolescent Immunization Status measure. Anthem exceeded the Medallion II Weighted Average for the Breast Cancer Screening Measure in 2004, but not in 2005; Anthem did not exceed the HEDIS National Average for either review year for the Breast Cancer Screening measure.

Table 2 provides the HEDIS measure results for CareNet pertaining to quality for 2004 and 2005.

**Table 2. CareNet Measures of Quality –Childhood Immunization Status, Adolescent Immunization Status, and Breast Cancer Screening Rates 2004-2005\***

Measure	CareNet 2004	CareNet 2005	Medallion II Weighted Average CY 2004	Medallion II Weighted Average CY 2005	HEDIS 2004 National Medicaid Average	HEDIS 2005 National Medicaid Average
Childhood Immunization Status Combination 2	53.3%	67.7%	56.3%	68.1%	58.4%	62.9%
Adolescent Immunization Status Combination 2	20.4%	26.1%	23.4%	34.5%	33.8%	38.4%
Breast Cancer Screening	46.4%	44.5%	51.4%	52.6%	55.8%	54.0%

\*The MCO data in this table for 2004 was validated by Delmarva. In 2005, the data was submitted by the MCO's, but was not validated by Delmarva.

For CareNet, the Childhood and Adolescent Immunization Status measures both increased from 2004 to 2005. However, the Breast Cancer Screening measure decreased from 46.4% to 44.5% in the same period. All three measures were below the Medallion II and HEDIS National Average for 2004 and 2005, except for the Childhood Immunization Status Measure which was above the HEDIS National Medicaid Average for 2005.

Table 3 provides the HEDIS measure results for Optima pertaining to quality for 2004 and 2005.

Table 3. Optima Measures of Quality –Childhood Immunization Status, Adolescent Immunization Status, and Breast Cancer Screening Rates 2004-2005\*

Measure	Optima 2004	Optima 2005	Medallion II Weighted Average CY 2004	Medallion II Weighted Average CY 2005	HEDIS 2004 National Medicaid Average	HEDIS 2005 National Medicaid Average
Childhood Immunization Status Combination 2	56.3%	70.5%	56.3%	68.1%	58.4%	62.9%
Adolescent Immunization Status Combination 2	31.4%	40.4%	23.4%	34.5%	33.8%	38.4%
Breast Cancer Screening	59.0%	58.6%	51.4%	52.6%	55.8%	54.0%

\*The MCO data in this table for 2004 was validated by Delmarva. In 2005, the data was submitted by the MCO's, but was not validated by Delmarva.

For Optima, the Childhood Immunization Status and Adolescent Immunizations status measures increased from 2004 to 2005. The Breast Cancer Screening measure decreased slightly from 59.0% in 2004 to 58.6% in 2005.

Optima met the Medallion II Weighted Average for the Childhood Immunization Status measure in 2004, but fell below the HEDIS 2004 National Average. In 2005, Optima exceeded both the Medallion II and HEDIS National Average for this measure.

Optima's Adolescent Immunization Status measure exceeded the Medallion II Weighted Average for 2004 and 2005. Optima exceeded the HEDIS National Medicaid Average for this measure in 2005, but not in 2004.

Optima exceeded the Medallion II and HEDIS National Medicaid averages for the Breast Cancer Screening measure for both review years.

Table 4 provides the HEDIS measure results for VA Premier pertaining to quality for 2004 and 2005.

Table 4. VA Premier Measures of Quality – Childhood Immunization Status, Adolescent Immunization Status, and Breast Cancer Screening Rates 2004-2005\*

Measure	VA PREMIER 2004	VA PREMIER 2005	Medallion II Weighted Average CY 2004	Medallion II Weighted Average CY 2005	HEDIS 2004 National Medicaid Average	HEDIS 2005 National Medicaid Average
Childhood Immunization Status Combination 2	53.6%	63.7%	56.3%	68.1%	58.4%	62.9%
Adolescent Immunization Status Combination 2	1.7%	27.7%	23.4%	34.5%	33.8%	38.4%
Breast Cancer Screening	44.0%	47.6%	51.4%	52.6%	55.8%	54.0%

\*The MCO data in this table for 2004 was validated by Delmarva. In 2005, the data was submitted by the MCO's, but was not validated by Delmarva.

For VA Premier, a significant increase in the rate of the Adolescent Immunization Status measure was reported from 2004 to 2005. VA Premier also changed its data collection methodology from an administrative data only methodology in 2004 to a hybrid methodology that included medical record abstraction in 2005.

VA Premier reported an increase for all three measures related to quality. Although increases were experienced in all three measures, none of the measures exceeded the Medallion II or HEDIS National Medicaid Averages for 2004 and 2005, except for Childhood Immunization Status measure. VA Premier slightly exceeded the HEDIS 2005 National Medicaid Average for this measure.

Table 5 provides the HEDIS measure results for all Medallion II MCOs pertaining to quality for 2004 and 2005.

Table 5. Measures of Quality –Childhood Immunization Status, Adolescent Immunization Status, and Breast Cancer Screening Rates 2004-2005\*

Measure	Anthem 2004	Anthem 2005	CareNet 2004	CareNet 2005	Optima 2004	Optima 2005	VA PREMIER 2004	VA PREMIER 2005
Childhood Immunization Status Combination 2	60.9%	69.8%	53.3%	67.7%	56.3%	70.5%	53.6%	63.7%
Adolescent Immunization Status Combination 2	33.2%	33.9%	20.4%	26.1%	31.4%	40.4%	1.7%	27.7%
Breast Cancer Screening	52.9%	50.9%	46.4%	44.5%	59.0%	58.6%	44.0%	47.6%

\*The MCO data in this table for 2004 was validated by Delmarva. In 2005, the data was submitted by the MCO's, but was not validated by Delmarva.

For Anthem, the Childhood Immunization Status and Adolescent Immunization status measures increased from 2004 to 2005. The Breast Cancer Screening measure decreased in the same period.

For CareNet, the Childhood and Adolescent Immunization Status measures both increased from 2004 to 2005. However, the Breast Cancer Screening measure decreased from 46.4% to 44.5% in the same period.

For Optima, the Childhood Immunization Status and Adolescent Immunization Status measures increased from 2004 to 2005. The Breast Cancer Screening measure decreased slightly in this period from 59.0% in 2004 to 58.6% in 2005.

For VA Premier, an increase was realized for all three measures used to assess quality. Childhood Immunization Status Combination 2 increased from 53.6% to 63.7%. Adolescent Immunization Status Combination 2 increased from 1.7% to 27.7% and the Breast Cancer Screening measure increased from 44.0% to 47.6%.

In summary, the Childhood Immunization Status and Adolescent Immunization Status measures realized an increase for all four Medallion II MCOs from 2004 to 2005. In regards to the Breast Cancer Screening measure, all MCOs, except for VA Premier realized a decrease in this measure. It is noteworthy that VA Premier realized an increase in all quality related measures from 2004 to 2005.

Table 6 provides the Medallion II Weighted Average and HEDIS National Medicaid averages for measures related to quality for 2004 and 2005.

**Table 6. Medallion II Weighted Average and HEDIS National Medicaid Average for Measures of Quality.**

Measure	Medallion II Weighted Average CY 2004	Medallion II Weighted Average CY 2005	HEDIS 2004 National Medicaid Average	HEDIS 2005 National Medicaid Average
Childhood Immunization Status Combination 2	56.3%	68.1%	58.4%	62.9%
Adolescent Immunization Status Combination 2	23.4%	34.5%	33.8%	38.4%
Breast Cancer Screening	51.4%	52.6%	55.8%	54.0%

The Medallion II Weighted Average increased from 2004 to 2005 for all three measures used to assess quality measures from 2004 to 2005.

The overall results of the HEDIS measures used to assess quality indicate that the HEDIS National Medicaid average for the Childhood Immunization Status and Adolescent Immunization Status increased from 2004 to 2005. The HEDIS National Medicaid average decreased for the Breast Cancer Screening measure in this same period.

The Childhood Immunization Status and Adolescent Immunization Status measures realized an increase in both the Medallion II and HEDIS National Medicaid averages.

The Medallion II Weighted Average for the Breast Cancer Screening rate increased from 2004 to 2005 while the HEDIS National Medicaid Average decreased for this same indicator. These rates remain relatively close for 2005 with a rate of 52.6% for the Medallion II Weighted Average and 54.0% for the HEDIS National Medicaid Average for 2005.



## Access

Table 7 provides the HEDIS measure results for Anthem pertaining to access for 2004 and 2005.

**Table 7. Anthem Measures of Access –Timeliness of Prenatal Care and Postpartum Care Rates 2004-2005\***

Measure	Anthem 2004	Anthem 2005	Medallion II Weighted Average CY 2004	Medallion II Weighted Average CY 2005	HEDIS 2004 National Medicaid Average	HEDIS 2005 National Medicaid Average
Timeliness of Prenatal Care	88.5%	88.5%	82.8%	84.1%	76.0%	78.3%
Postpartum Care	63.3%	64.2%	57.8%	59.9%	55.2%	55.9%

\*The MCO data in this table for 2004 was validated by Delmarva. In 2005, the data was submitted by the MCO's, but was not validated by Delmarva.

For Anthem, the Timeliness of Prenatal Care measure remained constant at 88.5% from 2004 to 2005. The Postpartum Care measure increased from 63.3% to 64.2% in this same period. Overall, Anthem exceeded the Medallion II and HEDIS 2005 National Medicaid averages for both measures for both 2004 and 2005.

Table 8 provides the HEDIS measure results for CareNet pertaining to access for 2004 and 2005.

**Table 8. CareNet Measures of Access –Timeliness of Prenatal Care and Postpartum Care Rates 2004-2005\***

Measure	CareNet 2004	CareNet 2005	Medallion II Weighted Average CY 2004	Medallion II Weighted Average CY 2005	HEDIS 2004 National Medicaid Average	HEDIS 2005 National Medicaid Average
Timeliness of Prenatal Care	91.1%	85.2%	82.8%	84.1%	76.0%	78.3%
Postpartum Care	58.5%	58.2%	57.8%	59.9%	55.2%	55.9%

\*The MCO data in this table for 2004 was validated by Delmarva. In 2005, the data was submitted by the MCO's, but was not validated by Delmarva.

For CareNet, both the Timeliness of Prenatal Care and the Postpartum Care Measures decreased from 2004 to 2005. The Postpartum Care Measure decreased only slightly from 58.5% to 58.2%.

CareNet exceeded the Medallion II Weighted Average for both measures for the 2004 and 2005 review years, except for the Postpartum Care measure. This measure fell below the Medallion II Weighted Average in 2005. CareNet also exceeded the HEDIS National 2005 Medicaid Average for both measures in 2004 and 2005.

Table 9 provides the HEDIS measure results for Optima pertaining to access for 2004 and 2005.

**Table 9. Optima Measures of Access –Timeliness of Prenatal Care and Postpartum Care Rates 2004-2005\***

Measure	Optima 2004	Optima 2005	Medallion II Weighted Average CY 2004	Medallion II Weighted Average CY 2005	HEDIS 2004 National Medicaid Average	HEDIS 2005 National Medicaid Average
Timeliness of Prenatal Care	82.7%	84.0%	82.8%	84.1%	76.0%	78.3%
Postpartum Care	59.7%	59.3%	57.8%	59.9%	55.2%	55.9%

\*The MCO data in this table for 2004 was validated by Delmarva. In 2005, the data was submitted by the MCO's, but was not validated by Delmarva.

For Optima, the Timeliness of Prenatal Care measure increased from 82.7% to 84.0% from 2004 to 2005. The Postpartum Care measure decreased slightly from 59.7% to 59.3% in this same period. In regards to the Medallion II Weighted Average, Optima fell slightly below the average for both measures, except the MCO exceeded the Postpartum care Medallion II Weighted Average in 2004. Optima exceeded the HEDIS National Medicaid Average for both measures in both review years. It is noteworthy that the Medallion II Weighted Average is above the HEDIS National Average for both measures for 2004 and 2005.

Table 10 provides the HEDIS measure results for VA Premier pertaining to access for 2004 and 2005.

Table 10. VA Premier Measures of Access –Timeliness of Prenatal Care and Postpartum Care Rates 2004-2005\*

Measure	VA PREMIER 2004	VA PREMIER 2005	Medallion II Weighted Average CY 2004	Medallion II Weighted Average CY 2005	HEDIS 2004 National Medicaid Average	HEDIS 2005 National Medicaid Average
Timeliness of Prenatal Care	78.8%	80.5%	82.8%	84.1%	76.0%	78.3%
Postpartum Care	53.9%	56.7%	57.8%	59.9%	55.2%	55.9%

\*The MCO data in this table for 2004 was validated by Delmarva. In 2005, the data was submitted by the MCO's, but was not validated by Delmarva.

For VA Premier, an increase was realized for both measures related to access. For the Timeliness of Prenatal Care measure, VA Premier did not exceed the Medallion II Weighted Average, but exceeded the HEDIS National Medicaid Average in both 2004 and 2005. For the Postpartum Care measure, VA Premier was also below the Medallion II Weighted Average in both years and below the HEDIS 2004 National Medicaid average. In 2005, VA Premier exceeded the HEDIS 2005 National Average for the Postpartum Care measure.

Table 11 provides the HEDIS measure results for all Medallion MCOs pertaining to access for 2004 and 2005.

Table 11. Measures of Quality –Timeliness of Prenatal Care and Postpartum Care Rates 2004-2005\*

Measure	Anthem 2004	Anthem 2005	CareNet 2004	CareNet 2005	Optima 2004	Optima 2005	VA PREMIER 2004	VA PREMIER 2005
Timeliness of Prenatal Care	88.5%	88.5%	91.1%	85.2%	82.7%	84.0%	78.8%	80.5%
Postpartum Care	63.3%	64.2%	58.5%	58.2%	59.7%	59.3%	53.9%	56.7%

\*The MCO data in this table for 2004 was validated by Delmarva. In 2005, the data was submitted by the MCO's, but was not validated by Delmarva.

For Anthem, the Timeliness of Prenatal Care measure remained constant at 88.5% from 2004 to 2005. The Postpartum Care measure increased from 63.3% to 64.2% in this same period.

For CareNet, both the Timeliness of Prenatal Care and the Postpartum Care Measures decreased from 2004 to 2005. The Postpartum Care Measure decreased only slightly from 58.5% to 58.2%.

For Optima, the Timeliness of Prenatal Care measure increased from 82.7% to 84.0% from 2004 to 2005. The Postpartum Care measure decreased slightly from 59.7% to 59.3% in this same period.

For VA Premier, an increase was realized from 2004 to 2005 for both measures used to assess access. The Timeliness of Prenatal Care measure increased from 78.8% to 80.5% while the Postpartum Care measure increased from 53.9% to 56.7%.

In summary, the Timeliness of Prenatal Care Rate remained the same for one MCO (Anthem), decreased for one MCO (CareNet) and increased for the remaining two MCOs (Optima and VA Premier). The Postpartum Care measure increased for two MCOs (Anthem and VA Premier) and decreased slightly for CareNet and Optima. CareNet's rate decreased from 58.5% to 58.2% and Optima's rate decreased from 59.7% to 59.3%.

Table 12 provides the Medallion II Weighted Average and HEDIS National Medicaid averages for measures related to access for 2004 and 2005.

**Table 12. Medallion II Weighted Average and HEDIS National Medicaid Average for Measures of Access.**

Measure	Medallion II Weighted Average CY 2004	Medallion II Weighted Average CY 2005	HEDIS 2004 National Medicaid Average	HEDIS 2005 National Medicaid Average
Timeliness of Prenatal Care	82.8%	84.1%	76.0%	78.3%
Postpartum Care	57.8%	59.9%	55.2%	55.9%

The Medallion II Weighted Average and the HEDIS National Medicaid average for both the Timeliness of Prenatal Care and Postpartum measures increased from 2004 to 2005. The Medallion II Weighted Averages for the Timeliness of Prenatal Care and the Postpartum Care measures both exceed the HEDIS National Medicaid Averages for 2004 and 2005.

## Timeliness

Table 13 provides the HEDIS measure results for Anthem pertaining to timeliness for 2004 and 2005.

**Table 13. Anthem Measures of Timeliness – Well Child Visits in the First 15 Months of Life, Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life, and Adolescent Well Care Visits \***

Measure	Anthem 2004	Anthem 2005	Medallion II Weighted Average CY 2004	Medallion II Weighted Average CY 2005	HEDIS 2004 National Medicaid Average	HEDIS 2005 National Medicaid Average
Well Child Visits in the First 15 Months of Life (6 or more visits)	41.2%	41.9%	35.0%	47.3%	45.3%	46.8%
Well Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , and 6 <sup>th</sup> Years of Life	59.5%	59.8%	59.7%	59.7%	60.5%	61.9%
Adolescent Well Care Visits	27.1%	27.2%	31.0%	29.6%	37.4%	40.3%

\*The MCO data in this table for 2004 was validated by Delmarva. In 2005, the data was submitted by the MCO's, but was not validated by Delmarva.

For Anthem, all measures realized an increase from 2004 to 2005. However, Anthem fell below the HEDIS 2004 and 2005 National Medicaid averages for all measures. In regards to the Medallion II Weighted Averages, Anthem only exceeded the average for the Well Child Visits in the First 15 Months of Life measure in 2004 and the Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life Measure in 2005.

Table 14 provides the HEDIS measure results for CareNet pertaining to timeliness for 2004 and 2005.

**Table 14. CareNet Measures of Timeliness – Well Child Visits in the First 15 Months of Life, Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life, and Adolescent Well Care Visits \***

Measure	CareNet 2004	CareNet 2005	Medallion II Weighted Average CY 2004	Medallion II Weighted Average CY 2005	HEDIS 2004 National Medicaid Average	HEDIS 2005 National Medicaid Average
Well Child Visits in the First 15 Months of Life (6 or more visits)	47.1%	37.7%	35.0%	47.3%	45.3%	46.8%
Well Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , and 6 <sup>th</sup> Years of Life	51.5%	60.0%	59.7%	59.7%	60.5%	61.9%
Adolescent Well Care Visits	24.0%	29.3%	31.0%	29.6%	37.4%	40.3%

\*The MCO data in this table for 2004 was validated by Delmarva. In 2005, the data was submitted by the MCO's, but was not validated by Delmarva.

For CareNet, the Well Child Visits in the First 15 Months of Life measure decreased from 47.1% to 37.7% from 2004 to 2005. The Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> years of Life and the Adolescent Well Care Visits measure increased during this same period.

For CareNet, the Well Child Visits in the First 15 Months of Life measure exceeded the Medallion II Weighted Average and the HEDIS National Medicaid average in 2004, but fell below both averages in 2005.

The Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> years of Life measure fell below the Medallion II and HEDIS National Medicaid Averages for 2004 and 2005, except in one case; CareNet exceeded the Medallion II Weighted Average for this measure in 2005.

CareNet's Adolescent Well Care rate was below the Medallion II and the HEDIS National Medicaid averages for both 2004 and 2005.

Table 15 provides the HEDIS measure results for Optima pertaining to timeliness for 2004 and 2005.

Table 15. Optima Measures of Timeliness – Well Child Visits in the First 15 Months of Life, Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life, and Adolescent Well Care Visits \*

Measure	Optima 2004	Optima 2005	Medallion II Weighted Average CY 2004	Medallion II Weighted Average CY 2005	HEDIS 2004 National Medicaid Average	HEDIS 2005 National Medicaid Average
Well Child Visits in the First 15 Months of Life (6 or more visits)	41.1%	47.3%	35.0%	47.3%	45.3%	46.8%
Well Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , and 6 <sup>th</sup> Years of Life	60.5%	61.1%	59.7%	59.7%	60.5%	61.9%
Adolescent Well Care Visits	27.9%	29.5%	31.0%	29.6%	37.4%	40.3%

\*The MCO data in this table for 2004 was validated by Delmarva. In 2005, the data was submitted by the MCO's, but was not validated by Delmarva.

For Optima, all measures increased from 2004 to 2005.

Optima exceeded the Medallion II Weighted Average in 2004 and had a rate equal to the Medallion II Weighted Average in 2005 for the Well Child Visits in the First 15 Months of Life measure. The MCO's rate for this measure fell below the HEDIS National Medicaid Average in 2004, but exceeded this average in 2005.

The Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life measure were above the Medallion II Weighted Average for both 2004 and 2005. For Optima, this measure was equal to the HEDIS 2004 National Medicaid Average (60.5%), but in 2005, Optima's rate (61.1%) fell below the HEDIS 2005 National Medicaid average of 61.9%.

The Adolescent Well Care measure rate fell below the Medallion II and HEDIS National Medicaid averages for both 2004 and 2005.

It is noteworthy that the Well Child Visits in the First 15 Months of Life Medallion II Weighted Average for 2005 (47.3%) exceeds the HEDIS 2005 National Medicaid Average of 46.8%.



Table 16 provides the HEDIS measure results for VA Premier pertaining to timeliness for 2004 and 2005.

**Table 16. Measures of Timeliness – Well Child Visits in the First 15 Months of Life, Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life, and Adolescent Well Care Visits \***

Measure	VA Premier 2004	VA Premier 2005	Medallion II Weighted Average CY 2004	Medallion II Weighted Average CY 2005	HEDIS 2004 National Medicaid Average	HEDIS 2005 National Medicaid Average
Well Child Visits in the First 15 Months of Life (6 or more visits)	9.9%	53.0%	35.0%	47.3%	45.3%	46.8%
Well Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , and 6 <sup>th</sup> Years of Life	59.3%	57.7%	59.7%	59.7%	60.5%	61.9%
Adolescent Well Care Visits	45.2%	32.4%	31.0%	29.6%	37.4%	40.3%

\*The MCO data in this table for 2004 was validated by Delmarva. In 2005, the data was submitted by the MCO's, but was not validated by Delmarva.

For VA Premier, an increase from 9.9% to 53.0% was realized for the Well Child Visits in the First 15 Months of Life measure from 2004 to 2005. While a significant increase in the rate of this measure was reported, VA Premier also changed its data collection methodology. In 2004, an administrative data only methodology was used and in 2005 VA Premier used a hybrid methodology to include medical record abstraction. The Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life and the Adolescent Well Care Visits measures decreased during this same period.

The Well Child Visits in the First 15 Months of Life measure fell below the Medallion II and HEDIS National Medicaid Average in 2004, but exceeded these averages in 2005.

The Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life measure fell below the Medallion II and HEDIS Medicaid averages for both 2004 and 2005.

The Adolescent Well Care measure exceeded the Medallion II and HEDIS National Medicaid averages for all years, except in one case; VA Premier's Adolescent Well Care rate of 32.4% in 2005 (32.4%) fell below the HEDIS National Medicaid average of 40.3%.

Table 17 provides the HEDIS measure results for all Medallion II MCOs pertaining to timeliness for 2004 and 2005.

**Table 17. Measures of Timeliness – Well Child Visits in the First 15 Months of Life, Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life, and Adolescent Well Care Visits \***

Measure	Anthem 2004	Anthem 2005	CareNet 2004	CareNet 2005	Optima 2004	Optima 2005	VA PREMIER 2004	VA PREMIER 2005
Well Child Visits in the First 15 Months of Life (6 or more visits)	41.2%	41.9%	47.1%	37.7%	41.1%	47.3%	9.9%	53.0%
Well Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , and 6 <sup>th</sup> Years of Life	59.5%	59.8%	51.5%	60.0%	60.5%	61.1%	59.3%	57.7%
Adolescent Well Care Visits	27.1%	27.2%	24.0%	29.3%	27.9%	29.5%	45.2%	32.4%

\*The MCO data in this table for 2004 was validated by Delmarva. In 2005, the data was submitted by the MCO's, but was not validated by Delmarva.

For Anthem, all measures realized a minimal increase from 2004 to 2005. Well Child Visits in the First 15 Months of Life increased from 41.2% to 41.9%. Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life increased from 59.5% to 59.8% and Adolescent Well Care Visits increased from 27.1% to 27.2%.

For CareNet, Well Child Visits in the First 15 Months of Life measure decreased from 47.1% to 37.7% from 2004 to 2005. The Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> years of Life and the Adolescent Well Care Visits measure increased during this same period.

For Optima, all measures increased from 2004 to 2005. Well Child Visits in the First 15 Months of Life increased from 41.1% TO 47.3%. Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life increased from 60.55 to 61.1%. Adolescent Well Care Visits increased from 29.5% TO 45.2%.

For VA Premier an increase from 9.9% to 53.0% was realized for the Well Child Visits in the First 15 Months of Life measure from 2004 to 2005. Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> years of Life and the Adolescent Well Care Visits decreased during this same period.

In summary, Anthem and Optima realized an increase in all three measures used to assess timeliness. Anthem and Optima achieved an increase in all measures. For all measures, three MCOs achieved an increase in the measure while one MCO realized a decrease in the measure. CareNet realized a decrease in the Well Child Visits in the First 15 Months of Life measure and VA Premier realized a decrease in the Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life and the Adolescent Well Visits measures.

Table 18 provides the Medallion II Weighted Average and HEDIS National Medicaid averages for measures related to timeliness for 2004 and 2005.

**Table 18. Medallion II Weighted Average and HEDIS National Medicaid Average for Measures of Timeliness.**

Measure	Medallion II Weighted Average CY 2004	Medallion II Weighted Average CY 2005	HEDIS 2004 National Medicaid Average	HEDIS 2005 National Medicaid Average
Well Child Visits in the First 15 Months of Life (6 or more visits)	35.0%	47.3%	45.3%	46.8%
Well Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , and 6 <sup>th</sup> years of Life	59.7%	59.7%	60.5%	61.9%
Adolescent Well Care Visits	31.0%	29.6%	37.4%	40.3%

The Medallion II Weighted Average increased for the Well Child Visits in the First 15 Months of Life (6 or more visits) measure from 2004 to 2005. The Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> years of Life measure remained constant at 59.7%. The Adolescent Well Care Visits measure decreased from 31.0% to 29.6% in this same period.

The Medallion II Weighted Average for the Well Child Visits in the First 15 Months of Life exceeded the HEDIS 2005 National Medicaid Average which was not the case in 2004. The Medallion II Weighted Average for the Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> years of Life and the Adolescent Well Care measures is below the HEDIS National Medicaid Average for both 2004 and 2005.

## Conclusions

Three HEDIS measures collected by the MCOs were related to quality and include Childhood Immunization Status Combination 2, Adolescent Immunization Status Combination 2, and Breast Cancer Screening rates. The Childhood Immunization Status and Adolescent Immunization Status measures realized an increase for all four Medallion II MCOs from 2004 to 2005. In regards to the Breast Cancer Screening measure, all MCOs, except for VA Premier realized a decrease in this measure. VA Premier realized an increase in all quality related measures from 2004 to 2005. It is noteworthy that the Well Child Visits in the First 15 Months of Life Medallion II Weighted Average for 2005 (47.3%) exceeds the HEDIS 2005 National Medicaid Average of 46.8%.

The HEDIS measure for Timeliness of Prenatal Care is an access related measure and data for this measure was collected by the Medallion II MCOs in 2005. This measure includes two specific indicators and they are Timeliness of Prenatal Care and Postpartum Care. The Timeliness of Prenatal Care Rate remained the same for one MCO (Anthem), decreased for one MCO (CareNet) and increased for the remaining two MCOs (Optima and VA Premier. The Postpartum Care measure increased for two MCOs (Anthem and VA Premier) and decreased slightly for CareNet and Optima. CareNet's rate decreased from 58.5% to 58.2% and Optima's rate decreased from 59.7% to 59.3%. It is noteworthy that the Medallion II Weighted Average for both the Timeliness of Prenatal Care and Postpartum Care measures exceeds the HEDIS National Average.

Anthem and Optima realized an increase in all three measures used to assess timeliness. These measures include Well Child Visits in the First 15 Months of Life, Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life, and the Adolescent Well Visits. Anthem and Optima achieved an increase in all measures. For all measures, three MCOs achieved an increase in the measure while one MCO realized a decrease in the measure. CareNet realized a decrease in the Well Child Visits in the First 15 Months of Life measure and VA Premier realized a decrease in the Well Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> Years of Life and the Adolescent Well Care measures. The Well Child Visits in the First 15 Months of Life Medallion II Weighted Average for 2005 (47.3%) exceeds the HEDIS 2005 National Medicaid Average of 46.8%.